Section G
Medicare supplement insurance

Medicare supplement insurance introduction

Medicare was established as a **major medical** insurance plan. Deductibles and coinsurance were built in and some costs (e.g., outpatient prescription drugs) were excluded entirely.

Medicare supplement insurance was created to cover costs not covered by Medicare and to coordinate with Medicare. Employer retiree plans, group policies, HMOs, and other managed care plans were encouraged to offer programs and coverages that coordinated with Medicare.

1. Medicare supplement insurance is:
    A. Also called Medigap or Med Sup
    B. Private insurance, NOT sold by the government
    C. Defined and regulated by both state and federal governments
    D. Sold by many companies
    E. Standardized
    F. Generally not needed by those eligible for Medicaid or Qualified Medicare Beneficiaries (QMB)

Medicare supplement insurance

a.k.a.

Medigap or Med Sup

2. All Medicare supplement insurance policies coordinate benefits with Medicare. Except for select benefits, Medicare must recognize the expense as eligible before the supplement policy will pay.

Difference between Medicare retiree plans: Some retirees, including retired federal employees, have many plans from which to choose depending on their type of employment, length of service, and date of retirement. Some plans serve as Medicare supplements while others may actually substitute or pay secondary to Medicare. **It is necessary to investigate each individual situation carefully**.

Medicare supplement standardization

Until 1992, there were dozens of different Medicare supplement policies. While all policies were required to cover Part A and Part B coinsurance, insurance companies added a variety of other benefits and combined them in many different ways. This made it very difficult to compare policies and prices.

1. In 1992, by order of Congress, the variety of Medicare supplement policies was reduced to 12 identified by the letters A through L.
    A. North Dakota allows all 12 plans to be sold. Any company selling any Medicare supplement policies must sell Plan A. They may sell any combination of the other 11 plans.
    B. No matter what company you buy from, the benefits under each plan will be the same **(standardization)**.
    C. Premium prices and service records can vary considerably from company to company.

2. Three states—Minnesota, Massachusetts and Wisconsin—hold nonstandard plans. Policies sold in those states may vary from Plans A-L.

3. People who bought pre-standard policies (any policy purchased before Jan. 1, 1992) are not affected in any way—unless they want to switch their old policy for a standard one. They should not make such a switch without good reason.

A. Any time a change in policy is considered, clients should be sure they are accepted by the new company before canceling the old one.
B. Many Medicare supplement companies have converted policyholders to one of the standardized plans.

Medicare supplement open enrollment

Insurance companies often ask health-related questions and, based on your answers, decide whether or not to sell you the insurance. The process is called **underwriting** and most policies are underwritten.

1. As a protection for Medicare beneficiaries, Medicare supplement policies have an **open enrollment period**. For this open enrollment period, the company must accept you for any policy it sells, at its **lowest** price for customers in your age group. If you have had a break of more than 63 days coverage, a company **may impose up to a six-month waiting period** for coverage of pre-existing conditions.

Companies may have different rates for male and female applicants.

In North Dakota, a tobacco user applying during the open enrollment period will receive non-smoker rates.

2. To qualify for the open enrollment period, you must:
   A. Be at least 65, and
   B. Purchase a Medicare supplement policy **within six months of the Part B effective date** as shown on your Medicare card.

3. For those who work past age 65, are covered by an employer group health plan, and delay joining Part B, the open enrollment period begins when enrolling in Part B coverage.

4. Medicare supplement for under 65
   A. Disabled people can begin receiving Medicare before they turn 65. However, in North Dakota they do not have gaurantee issue until they turn 65.
   B. Companies are not required to, but some sell Medicare supplement policies to persons under 65. CHAND may be an option for those who have been refused insurance.

5. In the past, when an insured reached Medicare eligibility (age 65), issuers of comprehensive health coverage (CHAND) typically canceled the comprehensive coverage and offered Medicare supplemental coverage instead, or the insured was responsible for finding supplemental coverage on his/her own.
   A. Since the passage of the Health Insurance Portability and Accountability Act in 1996, insurers are no longer allowed to cancel the comprehensive health coverage claims of Medicare eligibles.

Minimum requirements for Medicare supplements (basic benefits)

1. Plans must pay for either all or none of the Medicare hospital **Part A inpatient deductible** (first 60 days). Supplement Plan A pays none of the Part A deductible; all other plans pay it in full.

2. Plans must pay the **daily coinsurance amount for days 61-90** of a hospital Part A stay per benefit period.

3. Plans must pay the daily **coinsurance amount for the 60 nonrenewable lifetime reserve days** hospital Part A.

4. Plans must pay **100 percent of covered services up to 365 lifetime days** for stays when Medicare hospital Part A benefit is exhausted.

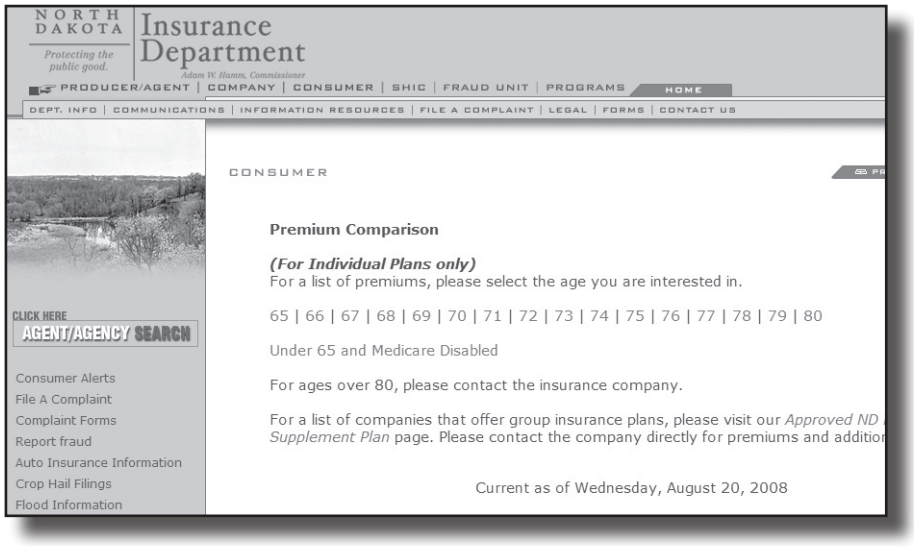
5. Plans must pay for the **first three pints of blood** under Part A or B.

6. Plans must pay the **20 percent coinsurance amount under Medicare Part B** after a $135 (2008) deductible.

Plans and premium comparison

The Insurance Department maintains internet web pages that contain current lists of Medicare supplement insurance policies approved in North Dakota. The information includes the rating assigned to the company by AM Best as well as the company's telephone number. The address is www.nd.gov/ndins. Click on consumers, then Medicare supplement insurance, then premium comparison.

If Internet access is not available, premium comparisons may be requested by telephone or mail and the results will be mailed.



Guarantee issue

Guarantee issue demands that an insurer cannot deny or include conditions when insuring a plan.

To qualify for guaranteed issue options, a person must:

1. Apply within 63 days of termination or disenrollment.
2. Issuer cannot deny or put conditions when issuing a plan.
3. Cannot discriminate in pricing the plan.
4. Cannot exclude benefits for preexisting conditions. Plans are required to notify beneficiaries of their rights for guaranteed issue Medicare supplement insurance.

Guaranteed issue right situation	You have the right to buy ...	When to apply for a Medigap policy
#1: Your Medicare Advantage plan is leaving the Medicare program, stops giving care in your area or you move out of the plan's service area. **Note**: If you immediately join another Medicare Advantage plan, you can stay in that plan for up to one year and still have the rights in situations #4 and #5.	Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company. For this right, you must switch to the original Medicare plan.	You can apply up to 60 calendar days before the date your health care coverage will end. You must apply no later than 63 calendar days after your health care coverage ends.
#2: You are in the Original Medicare plan and have an employer group health plan or union coverage that pays after Medicare pays, and that coverage is ending. This includes retiree or COBRA coverage. **Note**: In this situation, state laws may vary.	Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company. If you have COBRA coverage, you can either buy a Medigap policy right away or wait until the COBRA coverage ends.	You must apply 63 calendar days after the latest of these three dates: • Date the coverage ends • Date on notice that coverage is ending (if you get one) or • Date on claim denial, if this is the only way you know that your coverage is ending
#3: You are in the original Medicare plan and have a Medicare Select policy. You move out of the Medicare Select plan's service area. You can keep your Medigap policy or you may want to switch to another Medigap policy.	Medigap Plan A, B, C, F, K or L that is sold by any insurance company in your state or the state you are moving to.	You can apply up to 60 calendar days before the date your health care coverage will end. You must apply no later than 63 calendar days after your health care coverage ends.
#4 (trial right): <u>You joined a Medicare Advantage plan or PACE when you were first eligible for Medicare Part A at age 65 and within the first year of joining, you decide you want to switch to the Original Medicare plan</u>.	Any Medigap policy that is sold in your state by any insurance company.	You can apply up to 60 calendar days before the date your coverage will end. You must apply no later than 63 calendar days after your coverage ends. Note: Your rights may last for an extra 12 months under certain circumstances.

Guaranteed issue right situation	You have the right to buy ...	When to apply for a Medigap policy
#5 (trial right): You dropped a Medigap policy to join a Medicare Advantage plan (or to switch to a Medicare Select policy) for the first time; you have been in the plan less than a year and you want to switch back.	The Medigap policy you had before you joined the Medicare Advantage plan or Medicare Select policy, if the same insurance company you had before still sells it. If it included drug coverage, you can still get that same policy, but without the drug coverage. If your former Medigap policy isn't available, you can also buy a Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company.	You can apply up to 60 calendar days before the date your coverage will end. You must apply no later than 63 calendar days after your coverage ends. Note: Your rights may last for an extra 12 months under certain circumstances.
#6: Your Medigap insurance company goes bankrupt and you lose your coverage, or your Medigap policy coverage otherwise ends through no fault of your own.	Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company.	You must apply 63 calendar days from the date your coverage ends.
#7: You leave a Medicare Advantage plan or drop a Medigap policy because the company hasn't followed the rules, or it misled you.	Medigap Plan A, B, C, F, K or L that is sold in your state by any insurance company.	You must apply 63 calendar days from the date your coverage ends.

Consumer protections

Medicare supplement plans update each year when Medicare deductibles and coinsurance change. This may mean a premium update as well. **It is not necessary to purchase a new Medicare supplement policy to accommodate yearly changes.**

1. Medicare supplement policies coordinate with Medicare.

2. All policies must be **guaranteed renewable**. That means the company cannot cancel the policy if you pay your premium in a timely manner.

3. All Med Sup plans **must pay claims that occur six months or more after a policy's effective date** regardless of whether the claim arose from a preexisting condition (i.e., six months is the maximum preexisting condition waiting period a company may impose).

4. If an agent or company sells a policy to **replace** a Medicare supplement the consumer already has, the **replacing insurer shall waive any time period applicable to the preexisting condition** waiting period in the new Medicare supplement policy.

5. Open enrollment

6. All policies must clearly disclose the benefits and letter of plan (A-L).

7. All policies must allow the buyer to cancel a policy without penalty during the **30 days** after receiving the policy. The **free-look** provision starts from the day the insured receives the policy.

8. Suspension of MedSup for Medicaid eligibles
   - A. Insurance companies must inform a **Medicaid eligible** person that a MedSup policy is not usually necessary.
   - B. If a person with a MedSup plan purchased on or after November 1, 1991, becomes eligible for Medicaid, that company must **suspend coverage** (upon written request of the policyholder) and **waive the premiums** during the time the policyholder is eligible for Medicaid, not to exceed a period of 24 months.
   - C. If within the 24-month suspension period the person loses Medicaid benefits, the company (upon written request) must **reinstate an equivalent policy** without any new preexisting condition waiting period and at the appropriate premium had no suspension of benefits taken place.

Other policy features

Crossover and claims handling

1. Most companies have crossover contracts with Medicare. After Medicare pays its share of the bill, Medicare sends the claims directly to the supplement insurance company.
   - A. If your doctor or supplier accepts Medicare assignment, you may request the supplement benefits be paid directly to the provider even if there is no crossover contract.

B. Clinics/doctors (providers) are not required to file Medicare supplement claims—most do. Sometimes, a beneficiary will have to send the Part B claim for processing by their supplement.
C. Medicare sends a Medicare Summary Notice (MSN) to individual clients for Part A and B services.
D. Payment may go to the person or provider depending on the terms of policy or on arrangements made with the company or provider.
E. Keep original MSNs or copies.

2. State regulation
A. All Medicare supplement policies must be filed with and approved by the Insurance Department.
B. To make sure policies meet the state's legal requirements, the Department's policy analysts look at:
1. Forms
2. Advertisements and solicitation materials
3. Rates

3. Premiums
A. Medicare supplement premiums are established in different ways:
1. Attained age. This is currently the most common approach for Med Sup. The premium is scheduled to increase automatically as you get older. When you purchase the policy, there are increases scheduled for each year or for every few years. There may also be rate increases based on the company's experience.
2. Issue age. The premium is set when you buy the policy. If you buy at age 65, you will always pay the company's premium for 65 year olds. The premium may increase for reasons other than age (e.g., experience). The initial premium may be higher than with an attained age policy, but over time an issue age policy may be more economical.
3. No age or community rating. Premiums are the same for all customers, regardless of their age.
B. Medicare supplement premiums are likely to increase, if only to reflect changes in Medicare.

C. A company can ask the Insurance Department for permission to increase the rates for all customers at the same time.
1. The company must be able to show that the increased premiums are required to cover increased expenses.
2. When the Insurance Department reviews a company's rates, it looks at loss ratios—how much of the money collected in premiums was actually paid in claims.
3. Individual policies must have a loss ratio of 65 percent—for every dollar the company collects from consumers, 65 cents must be paid in claims. Group policies, including individual direct response, have to meet a 75 percent loss ratio.

Medicare Select

- Medicare Select policies require you to use network providers.
- If you go outside the network for non-emergency services, Medicare Select may reduce the benefits or pay nothing.
- Medicare Select is typically sold by HMOs, but other insurance companies may also offer it.
- These plans are not typically sold in North Dakota.

1. Medicare select benefits: A-L. Although it may be sold by an HMO, the benefits of Medicare Select must generally be identical to one of the 12 standard Medicare supplement plans. In exchange for seeing a network

provider (a physician who has agreed to be part of this plan), you pay a lower premium.

2. Medicare select premiums: Premiums for Medicare Select should be lower than for the same plan without Select's network restrictions.

3. Buyers must shop carefully and compare premiums to decide whether the premium reduction (if any) is enough to make up for the restrictions on doctors and hospitals they can use.

Replacement and duplication of Medicare supplement

Insurance policies do not need to be replaced just because something new is available. Sometimes, however, it does make sense to switch.

1. To protect consumers against frivolous policy switching, state regulations require the insurance agent or company to fill out a replacement notice. Both the agent/company and the buyer must sign the form.

2. It is a federal crime for an insurance agent or company to knowingly sell a Medicare-eligible person a second Medicare supplement plan. If you want to improve your Medicare supplement benefits or decrease your premium costs, do not purchase an additional policy; replace the one you have.

• Do not drop the old policy until you know you have the new one.

3. Many specialized or limited benefit plans duplicate some coverage provided by Medicare and MedSup.

Medicare supplement claims problems

In case of Medicare supplement payment problems (i.e., if payments are not made according to benefits described in the policy), send a written complaint to the company stating:

- Nature of procedure/service/supply
- Amount Medicare paid
- Policy provisions or limits
- Why policyholder feels claim should be paid
- Include a copy of MSN and policy specific information (claim processing number, policy or contract number)

Keep original MSN

Do's and don'ts in supplementing Medicare

Additional options and protections, called Medicare Advantage and guaranteed issue provisions may be found in Section G.

☐ DO insist on a simple outline of the policy which describes the benefits offered.

☐ DO compare the costs and benefits of plans offered by several insurance companies before buying any health insurance policy.

☐ DO be very careful about buying a policy on the basis of its skilled nursing home coverage. No standardized Medicare supplement policies cover the custodial care most older persons receive in nursing homes.

☐ DO call the state Insurance Department if an agent has used unfair or dishonest sales practices.

☐ DO understand how your employer's group plan works. In most cases, it will substitute for Medicare, pay secondary to Medicare (i.e. carve out plan) or supplement Medicare (i.e. traditional supplement).

☐ DON'T listen to an agent who says the policy pays for everything that Medicare does not pay. No such policy exists.

☐ DON'T believe the agent who says that a policy offers coverage not listed in the outline of coverage.

☐ DON'T listen to the agent who uses pressure or implies you need to act fast or lose the policy.

☐ DON'T buy any policy that pays only daily indemnity or per-day benefits, or policies that pay only in the event that you have a specific disease, like cancer, until you have seriously considered a good comprehensive Medicare supplemental policy.

☐ DON'T keep poor policies simply because one has had them a long time.

☐ DON'T buy more than one Medicare supplement policy.

☐ DON'T pay cash for insurance; write a check or money order payable only to the company, not the agent.

☐ DON'T buy from unsolicited door-to-door salespersons until at least checking out the agent's credentials by calling the North Dakota Insurance Department consumer hotline at 1-800-247-0560.

Medicare supplement standardized plans

A	B	C	D	E	F*	G	H	I	J*	K	L
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible	Medicare Part A Deductible
		Medicare Part B Deductible			Medicare Part B Deductible				Medicare Part B Deductible		
					Medicare Part B Excess Charges (100%)	Medicare Part B Excess Charges (100%)		Medicare Part B Excess Charges (100%)	Medicare Part B Excess Charges (100%)	Medicare Part B Excess Charges (50%)	Medicare Part B Excess Charges (75%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery		
				Preventive Care**					Preventive Care**	Preventive Care**	Preventive Care**
										Blood (50% of 1st 3 pints)	Blood (75% of 1st 3 pints)
										Hospice Care (50%)	Hospice Care (75%)

*Medicare Supplement Plans F and J also have a high-deductible option.
**Medicare Supplement Plans cover some preventive care that isn't covered by Medicare.

Note: Medicare Supplement Plan K has a $4,000 out-of-pocket annual limit. Plan L has a $2,000 out-of-pocket annual limit. Once you meet the annual limit, the plan pays 100% of the Medicare part A and Part B copayments and coinsurance for the rest of the calendar year. Charges from your doctor that exceed Medicare-approved amounts, called excess charges, aren't covered and don't count toward the out-of-pocket limit. **You will have to pay these excess charges.** The out-of-pocket annual limit can increase each year because of inflation.

Note: As of Jan. 1, 2006, you can't buy Medicare supplement plans covering prescription drugs. If you bought a policy with prescription drug coverage before Jan. 1, 2006, you must decide if you want to keep this coverage.

Premium Comparison

The following information was filed with the North Dakota Insurance Department which **does not endorse or recommend a particular company or plan.** Because of a number of factors the **annual premiums below are approximate. Factors such as gender, smoker status, and others, may impact the actual premium amount. Price is not the only issue to consider.** Please review all issues in relation to your own needs before purchasing a policy.

Most plans are underwritten. Plans with an asterisk * in front of the premium amount are sold on a guaranteed issue basis. Click on the link for further information.

Age of applicant is 65.
Premiums listed are based on a new applicant, male, non-smoker.

The following companies base their premiums on attained age which means the premium is based on your age and will increase as you get older. Premiums may also increase based on company experience or due to Medicare changes.

Attained Age:

Company Name	Phone No.	AM Best Rating	Annual Premium
Order of United Commercial Travelers of America	800-848-0123	NR-4	$1,047
United World Life Insurance Company	402-342-7600	A+	$1,188
Admiral Life Insurance Company of America	517-349-6000	NR-2	$1,209
Noridian Mutual Insurance Company (dba Blue Cross Blue Shield of ND)	800-342-4718	NR-5	$1,216
Philadelphia American Life Insurance Company	800-552-7879	B+	$1,254
Union Bankers Insurance Company	800-824-3577	B+	*$1,324
Lincoln Heritage Life Insurance Company	800-438-7180	A-	$1,328
Sterling Investors Life Insurance Company	877-604-6606	B	$1,356
State Farm Mutual Automobile Insurance			

Company	LOCAL	A++	$1,417
Bankers Life and Casualty Company	312-396-6000	B++	$1,430
American Family Mutual Insurance Company	800-374-1111	A	$1,446
Thrivent Financial for Lutherans	800-225-5225	A++	$1,455
Continental Life Insurance Company of Brentwood Tennessee	615-377-1300	A	$1,580
Standard Life and Accident Insurance Company	800-827-2524	A	$1,587
Pennsylvania Life Insurance Company	888-802-9497	B++	$1,604
Sterling Life Insurance Company	800-688-0010	A-	$1,607
United National Life Insurance Company of America	800-207-8050	NR-2	$1,655
United Teacher Associates Insurance Company	512-451-2224	A-	$1,684
Humana Insurance Company	800-872-7294	A-	$1,716
Continental General Insurance Company	800-545-8905	B+	$1,756
Genworth Life Insurance Company	888-322-4629	A+	$1,766
Conseco Health Insurance Company	877-266-7326	B+	$1,794
Central Reserve Life Insurance Company	800-945-8554	B++	$1,935
United American Insurance Company	972-529-5085	A+	$1,970
Guarantee Trust Life Insurance Company	800-338-7452	B+	$2,000
Constitution Life Insurance Company	800-789-6364	B++	$2,027
Equitable Life and Casualty Insurance Company	800-352-5150	B++	$2,046
State Mutual Insurance Company	800-780-3724	B+	$2,174

The following companies base their premiums on issue age which means your premium is based on your age when you purchased the policy. The company will not raise your premium just because you are getting older. Premium may increase based on company experience or due to Medicare changes.

Issue Age:

Company Name	Phone No.	Rating	Annual Premium
Bankers Fidelity Life Insurance Company	404-266-5500	B++	$1,759
Combined Insurance Company of America	800-544-5531	A	$2,081
Medico Life Insurance Company	800-228-6080	C++	$2,645

If you already have a Medicare supplement policy and are considering making a change it is very important that you not cancel your existing coverage until you are certain the new policy is effective.

PREMIUMS AS OF THURSDAY, AUGUST 21, 2008.

If you have additional questions, please call 1-800-247-0560 or email us at: ndshic@nd.gov

Brief Description of Plan C
Pick a Different Age
Pick a Different Plan
Return to Medicare Supplement Home Page

Current as of Thursday, August 21, 2008

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE

According to [your application] [information you have furnished], you intend to terminate existing Medicare supplement insurance and replace it with a policy to be issued by [Company Name] Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT [BROKER OR OTHER REPRESENTATIVE]:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement coverage because you intend to terminate your existing Medicare supplement coverage. The replacement policy is being purchased for the following reason (check one):

_____ Additional benefits
_____ No change in benefits, but lower premiums
_____ Fewer benefits and lower premiums
_____ Other (please specify)
_____

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

_____
Signature of agent, broker or other representative*

_____
Typed name and address of issuer, agent or broker

_____ _____
Applicant's signature Date

*Signature not required for direct response sales.

Medicare supplement
Review exercise

1. Medicare supplement insurance is sold by the government. T _____ F _____

2. How many of the standardized Medicare supplement plans may be sold in North Dakota?

3. Since Medicare supplement insurance was standardized, premiums as well as benefits must be identical from company to company. T _____ F _____

4. Companies can sell Medicare supplement plans with any combination of benefits they choose. T _____ F _____

5. Describe the Medicare supplement open enrollment period.

6. If you drop a Medicare supplement policy and decide you want to take it out again in six months, you will have no lapse in coverage. T _____ F _____

7. List the basic benefits available under Medicare supplement Plan A.

a.
b.
c.
d.

8. You have 40 days from the time you receive a policy during which you can cancel it and receive a full refund of premium paid (i.e. free look). T _____ F _____

9. Providers must file Medicare supplement insurance claims. T _____ F _____

10. What does MSN stand for? What is its purpose?

11. What should consumers do to improve their Medicare supplement benefits or decrease their premium costs?

12. A Medicare beneficiary should purchase many Medicare supplement policies to ensure proper coverage. T _____ F _____

13. Briefly explain the general difference between Plans A through J and K and L.

Word match

____ Retiree plan	1. A 30 day trial period for any purchaser of a supplement policy. It ensures if they are not satisfied with the supplement, they can return the policy without penalty.
____ Free look	2. The number of Medicare supplement policies sold in North Dakota.
____ C and F	3. Most common supplements in North Dakota. They cover a broad range of gaps in Medicare.
____ 12	4. All types of the same supplement policies have to cover the same way (i.e. all type "F"s have to cover the same, "C" have to cover the same, etc.)
____ Standardization	5. The six month period of time when a company has to sell you a supplement. The period of time is activated when an individual is 65 or older AND has taken out Part B.
____ Underwriting	6. Plan options some retirees have that may serve as a Medicare supplement or substitute for Original Medicare.
____ Open enrollment	7. The process of insurance companies asking health-related questions, based on your answers, decide whether or not to sell you the insurance product.
____ Supplement basic benefits	8. Includes the daily coinsurance from days 61-90 of hospital Part A, 60 non renewable lifetime reserve days, the 20 % coinsurance from Part B, all or none of the Part A deductible and the first three pints of blood.
____ Guarantee renewable	9. A Medicare supplements that works like an HMO. The supplements require you to use network providers.
____ Medicare select	10. This means that the company cannot cancel the policy if you pay the premium.